

1) PLACE OF BIRTH

County of DurhamTownship of Beverly HillsIncl. Town of Chapin

City of

If birth occurs in a hospital or other institution, give name of same instead of street and number.

2) Full Name of Child

BOY OR
GIRL? girl(4) Twin
or Triplet?(5) Number in
order of birth

To be answered only in event of Twins or Triplets

(6) Are
Parents
Married? yes(7) DATE OF
BIRTH

(Name of Month) (Day) (Year)

FATHER.

FULL
NAMEPRESENT
POSTOFFICE
OF FATHERCOLOR
OR
RACE

BIRTHPLACE

OCCUPATION

Number of children born to
mother, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22) I hereby certify that I attended the birth of this child, who was born alive at 9:40 A M,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) F. H. Sease
(24) State whether Physician or Midwife (25) Address of Physician or MidwifeGiven name added from a supplement-
tal report

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Registrar

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)

(27) Filed 191 (28)

Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If
a child breathes even once, it must not be reported as stillborn. No report desired of stillbirths before the
fifth month of pregnancy.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only

5533

Registration District No. 100 Registered No. 51

(For use of Local Registrar)

(No. St.; Ward)

If child is not yet named, make
supplemental report as directed

MOTHER.

(14) NAME BEFORE
MARRIAGE(15) PRESENT
POSTOFFICE
OF MOTHER(16) COLOR
OR
RACE

(17) BIRTHPLACE

(18) OCCUPATION

(19) Number of children of this mother
now living, including present birth(20) AGE AT LAST
BIRTHDAY 34
(Years)Chapin S CHousewife39:40 A MF. H. Sease191191191191191191191